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**CONFIRMATION NO. 1585**

<b>SERIAL NUMBER</b> 09/989,814	<b>FILING DATE</b> 11/20/2001  <b>RULE</b>	<b>CLASS</b> 709 <b>715</b>	<b>GROUP ART UNIT</b> 215T <b>2178</b>	<b>ATTORNEY DOCKET NO.</b> VIGN1410	
<b>APPLICANTS</b> Robin D. Wilson, Buda, TX; Dennis C. Heideman, Buda, TX; Daniel Yee, Austin, TX; Robert Scott Dickerson, Austin, TX;					
<b>** CONTINUING DATA *****</b> <span style="float: right;">NONE CBP</span>					
<b>** FOREIGN APPLICATIONS *****</b> <span style="float: right;">NONE CBP</span>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/04/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <span style="float: right;">Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i></span>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 25094					
<b>TITLE</b> Hierarchical asset sharing model					
<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			